



83-05-03

2881

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor	: Stan V. Lyons	
Appln. No.	: 09/685,779	
Filed	: October 10, 2000	Group Art Unit: 2881
Title	: IRRADIATION SYSTEM AND METHOD	Examiner: J. Smith
Docket No.	: M881.12-0001	

EXPRESS MAIL COVER SHEET

SENT VIA EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Express Mail No.: EV 254754985 US

Sir:

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

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4. Amendment
5. Information Disclosure Statement
6. Three (3) references

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Respectfully submitted,


KINNEY & LANGE, P.A.

Date: 3/4/03

By Alan M. Koenck

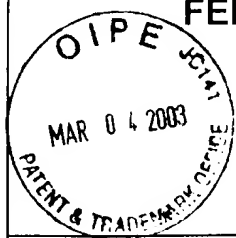
Alan M. Koenck, Reg. No. 43,724
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312 South Third Street
Minneapolis, MN 55415-1002
Telephone: (612) 339-1863
Fax: (612) 339-6580

AMK:dkm:mep

FEE TRANSMITTAL		Complete if Known																																																																																																																																														
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account <u>No. 11-0982</u> . Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed.		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED MAR 11 2003 2800 </div>																																																																																																																																														
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Signature Alan M. Koenck Reg. No. 43,724

Date March 4, 2003 Deposit Account No. 11-0982



FEE TRANSMITTAL

Total Amount of Payment \$42.00

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No. 11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

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				Subtotal (1) \$0.00

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	17	-	20	= 0	9 = 0
Indep	5	-	4	= 1	42 = 42
Multiple Dependent Claims				*	*
**Insert 3 and .20, or number previously paid if greater. Reissue see below					
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FEE CALCULATION (Continued)

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1806	180	1806	180	Submission of Information Disclosure Statement	*
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Signature

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